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SERIAL NUMBER 10/619,834	FILING OR 371(c) DATE 07/15/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 5297-181
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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/888,322 06/22/2001 PAT 6,663,587

*Csw.***** FOREIGN APPLICATIONS ********None Csw.***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 10/14/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 18	TOTAL CLAIMS <i>273</i>	INDEPENDENT CLAIMS <i>81</i>
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Breastshield with multi-pressure and expandible chamber construction, related breastpump and method

FILING FEE RECEIVED 1394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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